

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101629201

FILING DATE

APPLICANT(S)

87629

CLAIMS

CLAIM NUMBER	BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
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50						
TOTAL IND.	3	0	0	0	0	0
TOTAL DER.	16	0	0	0	0	0
TOTAL CLAIMS	19	0	0	0	0	0

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.	0	0	0	0	0	0	0	0
TOTAL DER.	0	0	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS